

REQUIRES MONITORING
OR STAFF ACTION _____

COMMISSION DIRECTIVE

ADMINISTRATIVE MATTERS	<input type="checkbox"/>	DATE	<u>June 2, 2005</u>
MOTOR CARRIER MATTERS	<input type="checkbox"/>	DOCKET NO.	<u>2005-145-C - -</u>
UTILITIES MATTERS	<input checked="" type="checkbox"/>		_____

SUBJECT:

DOCKET NO. 2005-145-C – Farmers Telephone Cooperative – Application for Approval to Establish a Depreciation Rate of Five Years for the Hardware associated with Softswitch Central Office, Switching Equipment. Office of Regulatory Staff has no objection to Commission approval of the five year depreciation rate for hardware associated with softswitch technology as proposed by Farmers Telephone Cooperative. Discuss this matter with the Commission.

COMMISSION ACTION:

Move that the Commission approve a five-year depreciation rate for the hardware associated with softswitch central office switching equipment. I further move that Farmers maintain separate Plant Accounts for both softswitch hardware and software. Mr. Chairman, with regard to my motions, approval of this depreciation rate is not binding for rate-making treatment and may be considered in a future rate case.

PRESIDING Mitchell

Session: Regular

MOTION YES NO OTHER

Time of Session 2:30 PM

CLYBURN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLEMING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAMILTON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HOWARD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MITCHELL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOSELEY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WRIGHT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

APPROVED _____
 APPROVED STC 30 DAYS _____
 ACCEPTED FOR FILING _____
 DENIED _____
 AMENDED _____
 TRANSFERRED _____
 SUSPENDED _____
 CANCELED _____
 SET FOR HEARING _____
 ADVISED _____
 CARRIED OVER _____
 RECORDED BY SCHMIEDING